

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO:	FILING DATE
							101582888	
							APPLICANT/6	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED	AFTER 1st AMENDMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	i		/				51	
2		1		/			52	
3		1		/			53	
4		1		/			54	
5		4		1			55	
6	1		1				56	
7		1		1			57	
8		1		1			58	
9		1		1			59	
10		10		1			60	
11		5		1			61	
12		5		1			62	
13		5		1			63	
14		5		1			64	
15		8		1			65	
16		8		1			66	
17		1		1			67	
18				1			68	
19				1			69	
20							70	
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43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		↓	2	↓		↓	TOTAL IND.	
TOTAL DEP.		←	18	←		←	TOTAL DEP.	
TOTAL CLAIMS		20					TOTAL CLAIMS	